

Christopher Stoddart  
alms house  
March 9th

Essay  
on  
Dysentery

Christopher Stoddart-

admitted March 21st. 1821

Dysentery  
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Dysentery is a disease in which the patient has frequent stools accompanied with much griping, and followed by tenesmus; the stools are usually small in quantity, chiefly mucus, and the mucus mixed with blood; the natural feces seldom appear and when they do, it is in a compact, hardened form called scybala. It occurs most frequently in summer and autumn, and the same time with bilious intermittent and remittent fevers with which it is sometimes complicated. It makes its attack with cold shivering and other symptoms, though Cullen says the typical affection of the bowels in a majority of cases precedes this. There is at the commencement of the disease severe griping, frequent inclination to go to stool, and little voided; the stools become gradually more frequent and the griping much increased; loss of appetite, nausea and much gastric distress are soon added to these symptoms; the stools are much diminished in the course of the disease, being in some instances entirely composed of a mucous matter, as happens in the name of mucus mucofus, or dysentery alba. It is however most usual for blood to be mixed with it in greater or less quantity; pure blood is occasionally evacuated to a considerable amount; the evacuation of the natural feces is said always to afford considerable relief to the patient.

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In this manner the disease runs on for a longer or shorter duration according to the nature of the fever and violence of the attack.

There is a case of dysentery in which there is no discharge from the bowels, and this is said to be the most formidable shape of the disease, the inflammatory action being in so high a degree as to surpass the senile grade. Cullen and most of the authors who have written on this disease have considered contagion as one of the causes of it: this opinion is however entirely erroneous, it being now ascertained to be contagious only when the fever is originally typhoid, or has become so in the course of the disease. It may more commonly be traced to the causes of autumnal bilious fevers, as marsh effluvia, and irregularities in diet: it is sometimes epidemic, seeming to depend on some fault of the atmosphere; cold alternating with heat and moisture may act as causes of the complaint. It sometimes accompanies catarrh and in some cases alternates with rheumatism. Sydenham says it is a febrile disease turned in upon the bowels. It is in the first instance a gastric disease, the stomach being the point attacked, from which it extends to the alimentary canal, and more especially the large intestines. The pathology of the

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disease is inflammation of their lining membrane, and dissections shew this throughout the whole tract, spreading in some cases even into the stomach; sometimes they are found of a very dark colour almost approaching the gangrenous condition; their coats are often & their coats thickened and in different parts tender as if nearly putrid. The large intestines are said to be more frequently affected with gangrene and ulceration than the small; constinctions are also found in the former in some cases of considerable extent, and have even by some been supposed to be the immediate cause of the disease by retaining the natural feces, which in this manner becoming indurated occasion the irritation, and mucous bloody discharge is always present in this complaint. A great degree of tenesmus, severe griping, frequent inclination to go to stool, and little being voided, much prostration of strength, very offensive evacuations, a tense and painful abdomen, cold clammy sweats, cold stermities, a pitha, hiccup, and a weak irregular pulse are unfavorable symptoms, and the reverse of these, as moderate diarrhoeas, slight fever, stools not very

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frequent, and of a natural consistence, with a gradual diminution of the griping and tenesmus, are signs of returning health. — The indications of cure in this disease arise, *sic* inflammation, irritation, and spasm usually attending it, to procure a free discharge of the contents of the bowels, and restore the healthy action of the liver. It has been usual to commence the treatment by giving an emetic, and this practice is approved and followed by some very respectable practitioners of the present day, with the intention of relieving the spasm of the intestines, and as a beginning attempt at restoring the action of the surface. As both these indications however can be much better answered by the means which are commonly employed for the cure of the disease, their employment is rendered unnecessary except in the cases where the stomach is disordered by the presence of bile, or other acrid matters exciting nausea, and which are most frequently met with in miasmatic districts combined with intermittent. Bloodletting is certainly the most important and decidedly beneficial remedy we have in the management of this disease, and

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its best effects will be obtained by preceeding all our other  
 remedies with it; early employed, it checks the progress of  
 inflammation, and awakens susceptibility to the operation  
 of remedies; it overcomes the spasmodic constriction of the  
 intestines generally so powerfull an obstacle to the operation  
 of purgatives; its effects on the skin are equally advantageous,  
 changing a hot and dry surface to one moist and relaxed:  
 it should be repeated, to the amount of twenty or thirty ounces  
 and this must be repeated if no impression seems to have been  
 made on the disease by the first venesection: There seems to  
 have been a very general coincidence of opinion among the  
 earlier writers on this disease as to the dangerous consequences  
 to be apprehended from the free employment of the  
 lancet in it; whatever reason there may be for such  
 caution in European practice, in this country it is usually  
 a most decided and well marked case of inflammatory action  
 to a high degree, and is without doubt best managed by  
 bleeding to the amount above mentioned, and strict application  
 of the whole antiphlogistic plan; the only exception to this  
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 rule, is the case in which it occurs among the poor & aged.

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of society, or in crowded places putting on typhoid  
 symptoms from its commencement. After bleeding,  
 we may proceed to the second indication of cure, the  
 procuring a free evacuation of the bowels, and for this  
 purpose the castor oil, Glauber or Epsom salts are usually  
 selected from the combination of tartarised antimony and  
 Glauber salts is found to produce very beneficial effects,  
 the effects being a free and copious evacuation of the  
 alimentary canal: if these medicines fail in moving the  
 bowels, we must resort to some of the more active purgatives, and  
 of these, calomel or jalap, or this last & common tartar, or a  
 solution of salts and senna will be fully sufficient: the  
 mercurial purges with opium are however much preferable  
 to all others, being well suited to overcome spasm of the intestines  
 by which their contents are retained. Cullen insists upon the  
 necessity of steady purging in this disease, and lays it down  
 as the leading & most important point to be kept in view in  
 the plan of treatment. Although we cannot admit this altogether,  
 yet it is now ascertained to be correct practice to purge until the  
 the natural stools are made to appear. As the frequent

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discharges are the effect of previous irritation, we may much earlier resort to the use of Opium than is now minded by authors. Cullen and Sydenham are both opposed to this early employment of it from an idea of the disease being caused by the vitiated and unnatural contents of the bowels, and therefore suppose that Opium would only serve to aggravate and continue the symptoms by preventing their evacuation. At the same time we relieve irritation we should endeavour to restore the healthy action of the skin, and this end will be attained by sweating after the necessary reduction of the inflammatory symptoms by bleeding and purging. This is certainly a most important part of the treatment of this disease; Rhenside was decided in his preference of this to all other modes of managing this it, and Boerhaave who considered it a catarrhal or Rheumatic affection of the large intestines, and the discharges as merely an accessory circumstance is equally as favourably disposed to the sweating plan. Mosely a West India writer who entertained similar views of the pathology of dysentery is likewise an advocate for the same practice. The Dover's powder aided by the vapour

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bath and warm drinks will be found perhaps more  
 completely to produce the diaphoretic effect than any other  
 means are proposed of. The antimonials which have been  
 employed under the same circumstances, and for the same  
 purpose, and highly recommended by Bingle and Baker  
 are however much inferior to Opesuanha, whose credit  
 has been long established in dysentery; it was originally  
 given in small doses so as to make it act on the bowels chiefly;  
 it is thought to be peculiarly well adapted to that form of the  
 complaint in which there is a profuse discharge of blood  
 from the bowels, but it is more especially serviceable in those  
 cases where the pain is great and the desire to go to stool  
 constant and without producing any evacuation; it is  
 useful in every stage. The injection of a decoction of the bruised  
 repeated three or four times in the twenty four hours has  
 been said to be very serviceable, but is now known to be proposed  
 of very little power; much more confidence it is supposed  
 may be placed in the mode of using the Opesuanha recommended  
 and practiced by Hayfair; he directs in doses of ʒss to ʒssss  
 combined with from thirty to sixty drops of laudanum

*[Faint, illegible handwriting, likely bleed-through from the reverse side of the page.]*

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confining the patient for some hours afterwards to a horizontal  
 posture; if the first dose be rejected it is to be repeated.  
 this practice which is said to be very efficacious is limited to  
 the very first stages of the complaint, as afterwards the  
 stomach becomes so irritable as to reject the medicine at once.  
 the combination of the Opium with calomel and opium is  
 now generally preferred to all other modes of giving it, and in  
 this way we will perhaps most frequently succeed in obtaining  
 its advantages and operations; with opium alone it will pro-  
 duce hæmorrhæ, and allay irritation, and if at the same time if  
 we wish to keep the bowels gently open, the addition of  
 calomel will answer the double indication extremely well.  
 Blisters are very important remedies in dysentery, operating  
 advantageously by checking the inflammation and relaxing the  
 spasm of the intestines; they should be applied to the abdomen  
 in preference to the rectum, as they will certainly produce  
 better effects the nearer they are to the seat of the disease.  
 their employment is particularly indicated when the pain  
 continues obstinate and the abdomen is hard and sore to the  
 touch; they will generally be found to assist the operation

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of purgative medicines very materially; they should always be preceded by fomentations, either simple or with the addition of some stimulating articles, as cayenne pepper, or mustard. The warm bath is very useful in severe and protracted cases of this disease, and its effects will probably be most advantageous in the more advanced stages.

These are the remedies which will in most instances prove efficacious in removing the inflammatory symptoms of dysentery, but there are some local affections which must be managed by their appropriate remedies. The most important of these are tenesmus and tenesmus, sometimes existing throughout the whole course of the complaint, but most always in the latter stages the source of severe suffering and distress to the patient. They are generally relieved by anodyne injections, suppositories of opium three or four grains; but melted butter, fresh, ~~and~~ without salt in the quantity of from one half to one pint is better. A strong solution of the muriate of soda is recommended for these symptoms and is represented to have been used with very material benefit to the patient, pain and

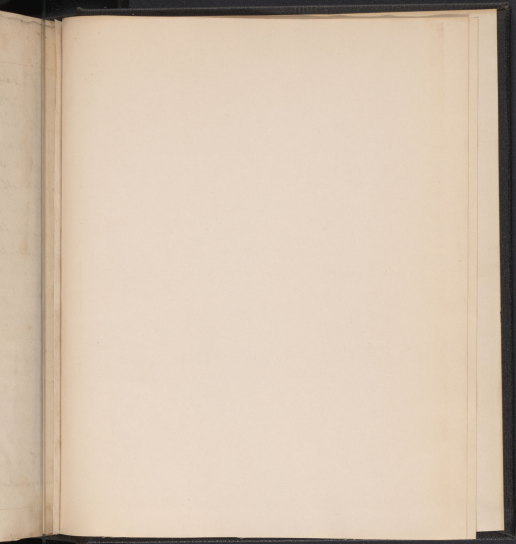
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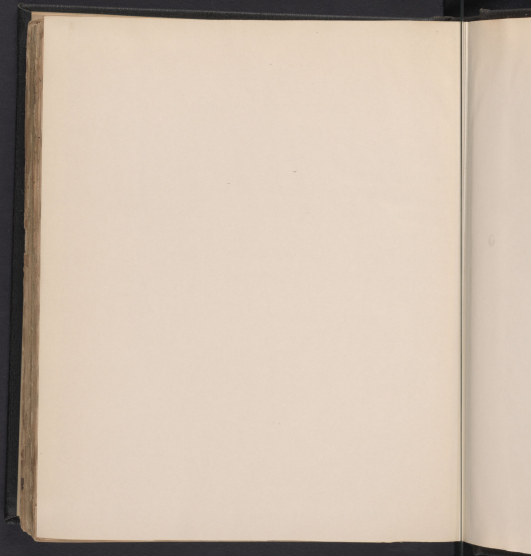
tenses must be relieved by it and the bowels are gently opened.  
 If we should have any reason to suppose these symptoms  
 are caused by a retention of the vitiated contents of the  
 intestines the castor-oil and laudanum combined in  
 the form of the chagrenais mixture may be very advantageously  
 given its effects being in most instances to afford very  
 certain and speedy relief. the cutaneous julep may be  
 also employed under the same circumstances and  
 generally with a similar result. The Opium and Opium  
 will also be serviceable here. Dysentery is sometimes  
 combined with intermittent or remittent fever; this  
 shape of it is most frequently met with in miasmatic  
 districts of country, it is also spoken of by Oglethorpe as  
 occurring in the island of Ninivica. Under these circumstances  
 of the disease it has been recommended both by him and  
 Morton to give the Peruvian bark during the intermission  
 of the fever; while at the same time continue the  
 treatment for the bowel disease. This practice is very improper  
 and will be attended with many disadvantages as this  
 medicine is particularly unsuitable to an irritable state

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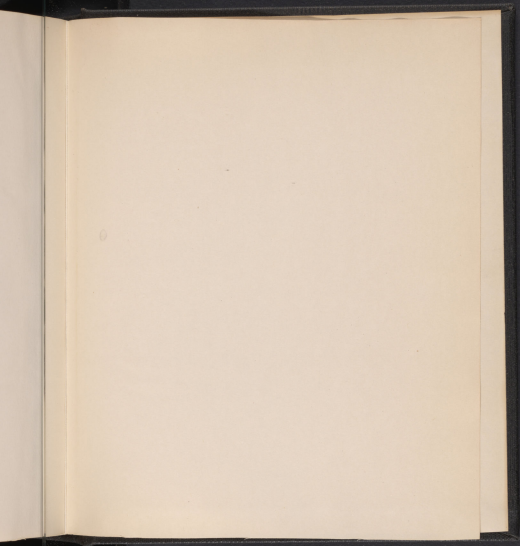
the bowels and the effects of its employment would  
 to increase it perhaps to a very considerable degree  
 its proper place will be to disregard the intermittent fever  
 until the dysentery is cured, and after this give the remedies  
 suitable to it. In crowded places as jails and ships  
 under other circumstances favorable to the  
 production of such a form of its ~~action~~, dysentery  
 occasionally typifies in its commencement or  
 becomes so its progress, and we are here directed  
 to give emetics as in the primary attack of this fever  
 followed by moderate purging, after this we must resort to  
 use of Dover's powder, opium, acetate of alkali and when  
 they a mucous salivation will be attended with very  
 advantageous effects in this case and is the remedy on which  
 we may place considerable reliance, it should be early induced  
 as the disease sometimes runs on to the chronic stage in which  
 though the acute symptoms are removed, there still remains  
 considerable tenacities of the bowels griping, frequent stools and  
 loss of appetite, with a dry parched thin and sallow complexion  
 cooling tonics and astringents as well here succeed best with Dover's powder and calomel.

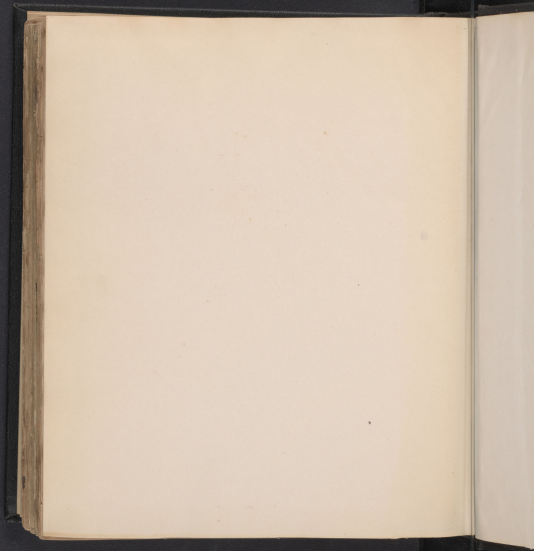












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